



MIDDLESEX RECREATION DEPARTMENT

1200 Mountain Ave., Middlesex, NJ 08846 • (732) 356-7400 x7 • recreation@middlesexboro-nj.gov



2016 Fall Bowling Program

The Middlesex Recreation Department is sponsoring an eight (8) week bowling program for boys and girls ages 5-14. The program will be held at the Stelton Bowling Lanes, 1665 Stelton Rd., Piscataway, NJ 08854 (at the corner of Ethel Rd and Stelton Rd) on Friday's at 4:00PM OR 6:00PM. Flexible time—you choose each week!

Program fee is \$75.00 Fee includes: *Two games of bowling each week
*Use of rental shoes and lightweight balls *8 Free Game passes (at the end of the program)

Program meets: Sept. 23, 30, Oct. 7, 14, 21, 28, November 4, 11.

No gutterballs—bumpers available for bowlers age 9 and younger. Three children per lane. To register please complete the bottom portion & return to Middlesex Recreation by Sept. 22, 2016. If you have any program questions please call Stelton Lanes at (732) 985-2695. Parents are required to stay with the child(ren) at the bowling lanes. Transportation on your own.

CUT HERE AND RETURN TO MIDDLESEX RECREATION DEPT.

2016 FALL BOWLING

Please **PRINT CLEARLY IN INK**:

Name _____ DOB ____/____/____ Current Age _____

Address _____ Phone _____ Current Grade _____

TEAMMATES (if known) or we will place you with a team. Three children per lane.

2. _____ 3. _____

EMERGENCY TREATMENT RELEASE - Dates during which release is granted – from September 2015– December 2015

Parent(s)/Guardian Info:

Parent Name _____ address (if different from above) _____ Phone _____ Cell Ph. _____

Parent Name _____ address (if different from above) _____ Phone _____ Cell Ph. _____

Email contact: _____

Other Contact in case of emergency (DO NOT USE YOURSELF):

Name _____ Phone _____ H / C / W Relation to child _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid. I confirm that I have received & will abide by the spectator policy.

Parent/Guardian Signature _____ Date: ____/____/____

DO NOT WRITE IN BOX - For Office Use ONLY **2016 FALL BOWLING**

RCV'D _____ RCPT # _____